• •	<113> <114> <115> <116> <117> <118>
	<112>
1	<111> Y
Contact Name - Person USAC should contact regarding this data Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> 404-269-915 Contact Email Address - Email Address of person identified in data line <030> jay.bradb	<030> Co <035> Co <039> Co
139001 de	1 1 i
FCC Form 481 (100) Service Quality Improvement Reporting OMB Control No. 3060-0986/OMB Control No. 3060-0819 Data Collection Form July 2013	(100) Servic Data Collect

														Number	~ _	<2200> <a>	<039> College Citien	ļ	<030> Contact Name - Person OSAC Stoura Contact Services in date	1	1	ı		Data consequent	(200) Service Outage Reporting (Voice)
	+	1	+	-	+									Date	ă	<b1></b1>	700	Address - Emai	- Person USAC	S S S S S S S S S S S S S S S S S S S	lä	100			orting (Voice
		+	+			-								Time	Outage Start	<b2></b2>		Address of per	Number of per	should contact					
														Date	Outage End	<b3></b3>		rson identified	son identified i	regarding this					
															Outage End	<b4></b4>		in data line <03	n data line <03						
								×							Number of	<c1></c1>		Contact Telephone Nullius: "Nullius of Person identified in data line <030> jay.bradbury@cox.com	Contact Name - Person USAC Structure Contract Name - Person USAC Structure Contact Na	Jay Bradbury	2014	Cox Connecticut Telcom,	139001		
								WORKSHEET	000	See attached				1	Total Number of	<c2></c2>	þ	ox.com				elcom, LLC			
										ed				(Yes / No)	911 Facilities Affected	Ę	ŝ								
														all that appry)	Description (Check		ê								Alin: AVO ECC
														1 2 1 1 1 1	. 2	Did This Outage	\$								FCC Form 481 OMB Control No. 3060- July 2013
															Service Outage Resolution		\$								FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
															Preventative Procedures	-	-	•							yo. 3060-0819

Page 3

Data Collection Form (700) Price Offerings including Voice Rate Data <010> Study Area Code <039> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com <020> Program Year <015> <035> Contact Telephone Number - Number of person identified in data line <030> 404-269-9190 <030> Contact Name - Person USAC should contact regarding this data Study Area Name Jay Bradbury 2014 139001 Cox Connecticut Telcom, LLC ___FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

Page 4

<701> Residential Local Service Charge Effective Date

1/1/2013

														<703>		<702>	<701>
												State		G1>		Single State-wic	Residential Loca
												TVC.IC. Oc. 1.2.	sychange (ILEC)	<al> <a2> <a2> <a3> <a></a3></a2></a2></al>		<702> Single State-wide Residential Local Service Charge	Residential Local Selvice Citaribe Citari
		-				- 1							SAC (CETC)	<85>	į	LAICE CLIST	
													Rate Type			Γ	
						See a							Service Rate	Residential Local	<b2></b2>		
						See attached Worksheet	i i i i i i i i i i i i i i i i i i i						State Subscriber Line Charge		 552>		
													State Oniversal Service Lee	Corvino Fee	<b4></b4>		
															Mandatory Extended Area		
														Total per line Rates and Fees			

711>	1 1	<035> Con	- 1	- 1	- 1		(710) Broadband Price Data Collection Form
State State	tact Email Address - E	tact Telephone Numb	Contact Name - Person U	Drogram Year	Study Area Code)	id Price Offerings
State Exchange (ILEC) Residential Rate Fees Trotal Rate Work Sheet Work Sheet	Contact Email Address - Email Address of person identified in data line <030>	Contact Telephone Number - Number of person identified in data line <030> 404-269-9190	Contact Name - Person USAC should contact regarding this data				(710) Broadband Price Offerings Data Collection Form
Residential Rate WOrk	in data line <030>	a line <030>	data ^{Jay}	2014	Сож	139001	
state Regulated Fees See attached worksheet	jay.bradbury@cox.com	04-269-9190	Jay Bradbury		Cox Connecticut Telcom, LLC	P	
Total Rate and Fees					, LLC		
Broadband Service - Download Speed (Mbps)							
Broadband Service - Upload Speed (Mbps)							FCC Form 481 OMB Control July 2013
Usage Allowance (GB)							io/)8860-0986 0N(ion
Usage Allowance Usage Allowance Action Taken When (GB) Umit Reached (select)							FCC Form 481 ************************************
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heet	See Hached worksheet		
Doing business as company or triangle	SAC	Affiliates	
Participant or Brand Designation			<813>
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THE STATE AND ADDRESS OF THE PROPERTY OF THE P		Operating Company Cox Commerciation Formatting	<812> Operatin
			<811> Holding Company
		Cox Communications, Inc	- 1
		Carrier Cox Connecticut Telcom, LLC	
		Contact Email Address - Email Address of person identitied in under the Cook Services	<039> Contact I
	x.com	Contact Telephone Number - Number of person recipies and the contact Telephone Number - Number of person recipies and the contact Telephone Number - Number of person recipies and the contact Telephone Number - Number of person recipies and the contact Telephone Number - Number of person recipies and the contact Telephone Number - Number of person recipies and the contact Telephone Number - Number of person recipies and the contact Telephone Number - Number of person recipies and the contact Telephone Number - Number of person recipies and the contact Telephone Number - Number of person recipies and the contact Telephone Number - Number of Person recipies and the contact Telephone Number - Number of Person recipies and the contact Telephone Number - Number of Person recipies and the contact Telephone Number - Number of Person recipies and the contact Telephone Number - Numb	<035> Contact I
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		Contact Name - Person USAC should contact regarding this data Jay Bradbury	- 1
		ear 2014	
			<015> Study Area Name
	com, LLC		<010> Study Area Code
		139001	<u>.</u>
Tuly 2013			Data Collection Form
PUE FORTH NO. 19660-0986 / OMB Control No. 19660-0849		ipanies	(800) Operating Companies

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<910> Tribal Land(s) on which ETC Serves

<010>

Study Area Code

Program Year Study Area Name

Contact Name - Person USAC should contact regarding this data

2014

Jay Bradbury

Cox Connecticut Telcom, LLC

Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com Contact Telephone Number - Number of person identified in data line <030> 404-269-9190

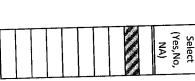
<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

PDF, on line 920, demonstrates coordination with the Tribal each these boxes to confirm the status described on the attached government pursuant to § 54.313(a)(9) includes: If your company serves Tribal lands, please select (Yes,No, NA) for

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;

- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- Compliance with Tribal Business and Licensing requirements.



Page 7

<1130>	<1120>	<030> <035> <039>	<020>	<010>	(1100) No Data Coll
Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	1	Study Area Name Program Year	Study Area Code	(1100) No Terrestrial Backhaul Reporting Data Collection Form
		404-269-9190 jay.bradbury@cox.com	2014	139001 Cox Connecticut Telcom, LLC	FCC Form 481 OMB Control No. 3060-0886/OMB Control No. 3060-0819 July 2013

<u35> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com</u35>	<030> Contact Tolophone Number - Number of person identified in data line <030>	Cost Cost Name - Person ISAC should contact regarding this data			Study Area Code	(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form
> jay.bradbury@cox.com	404-269-9190	Jay Bradbury	2014	Cox Connecticut Telcom, LLC	139001	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<1223>	<1222>	<1221>		<1220>	<1210>
<1223> Additional charges for toll calls, and rates for each such plan.	Details on the number of minutes provided as part of the plan,	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	Link to Public Website	<1210> Terms & Conditions of Voice Telephony Lifeline Plans
				HTTPhttp://ww2.cox.com/residential/connecticut/phone/lifeline.cox	Name of attached document (.pdf)

<2021>	<2017> <2018> <2019> <2020>	<2016>	<pre><2012> <2013> <2014> <2015></pre>	ln <2010> <2011>	CHECK the b	<035> Co	-1	1	1		(2000) Price Cap Carrie Data Collection Form Including Rate-of-Retu	
service in the preceding calendar year. Interim Progress Community Anchor Institutions	Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Interim Progress Certification Please check the box to confirm that the attached PDF, on line 2021, Please theck the box to confirm that the attached PDF, and line 2021, of CAF Phase II support shall provide the number, names, and addresses of of CAF Phase II support shall provide the number names, and addresses of	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification	Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2))	erica Phase (e) the info	ta line <030>	aγ	me		139001	(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers offiliated with Price Cap Local Exchange Conters	
Name of Attached Document Listing Required Information					I support, frozen High Cost support, High Cost support to offset auronation reported on this form and in the documents attached be	104-269-9130 jay.bradbury@cox.com	<u>Y</u>		Cox Connecticut Telcom, LLC			
					rt to offset access charge reductions, and Connect America Phase II sattached below is accurate.						FCC Form 481 DMB Control No. 3050-0986/OMB Control No. 3060-0819 July 2013	

<039>	<035>	<030>	<020>	<015>	<010>		JOOO) R
C039> Contact Email Address - Email Address of person identified in data mile 20302 - Tay-1012-address - Email Address of person identified in data mile 20302 - Tay-1012-address - Email Address - Email Address of person identified in data mile 20302 - Tay-1012-address - Email Address -	- 035> Contact Telephone Number - Number of person identified in data line 2030 - 4 v4 - 257 - 7 1 7 0	c030> Contact Name - Person USAC should contact regarding this data out of the one of th	<020> Program Year Tay Bandhuray	<015> Study Area Name COLA.	<010> Study Area Code 110	139001	, ECC Form 481 CM/B Control No. 3060-0815 July 2013

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) (3012) (3013) (3014) (3019) (3018) (3017) (3016) (3015)(3011) (3020) (3021) (3026) (3025) (3024) (3023) (3022) Milestone Certification (47 CFR § 54.313(f)(1)(i)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, recipient of CAF Phase II support shall provide the number, names, and PDF of Balance Sheet, Income Statement and Statement of Cash Flows Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) contains the required information pursuant to § 54.313 (f)(1)(ii), as a Progress Report on 5 Year Plan in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is no on line 3014, Is your company audited? If the response is yes on line 3014, attach your company's RUS annual Telecommunications Borrowers) Electronic copy of their annual RUS reports (Operating Report for contains the required information pursuant to § 54.313(f)(2) compliance access to broadband service in the preceding calendar year. addresses of community anchor institutions to which began providing Please check this box to confirm that the attached PDF , on line 3012, that performed the company's financial audit. Either a copy of their audited financial statement; or (2) a financial report Attach the worksheet listing required information Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), If the response is no on line 3018, please check the boxes below Management letter issued by the independent certified public accountant If the response is yes on line 3018, please check the boxes below to report and all required documentation Underlying information subjected to an officer certification. Underlying information subjected to a review by an independent certified format comparable to RUS Operating Report for Telecommunications confirm your submission, on line 3026 pursuant to $\S 54.313\{f\}(2)$, contains PDF of Balance Sheet, Income Statement and Statement of Cash Flows Name of Attached Document Listing Required Information (Yes/No) (Yes/No)

Certification - Rep Data Collection Fo	orting Carrie irm	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010> Study Ar	ea Code	139001
	rea Name	Cox Connecticut Telcom, LLC
<020> Program	1 Year	2014
<030> Contact	Name - Persor	n USAC should contact regarding this data Jay Bradbury

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030> 404-269-9190

<039> Contact Email Address - Email Address of person Identified in data line <030> jay.bradbury@cox.com

	acy of the Data Reported for the Annual Reporting for CAF or LI Recipients
certify that I am an officer of the reporting carrier; my responsibilities ecipients; and, to the best of my knowledge, the information reported	s include ensuring the accuracy of the annual reporting requirements for universal service support d on this form and in any attachments is accurate.
Name of Reporting Carrier: Cox Connecticut Telcom, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 10/07/2013
Printed name of Authorized Officer: Joiava Philpott	
Title or position of Authorized Officer: Vice President, Regulato	ory Affairs
Telephone number of Authorized Officer: 404-269-0983	
Study Area Code of Reporting Carrier:	Filing Due Date for this form: 10/15/2013
Borrons willfully making false statements on this form can be punished	ed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonme Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
100		
<010>	Study Area Code	139001
	Study Area Name	Cox Connecticut Telcom, LLC
	Program Year	2014
		in USAC should contact regarding this data Jay Bradbury
<030>	Contact Name - Perso	umber - Number of person identified in data line <030> 404-269-9190
<035>	Contact Telephone No	umber - Number of person detention to the company of the company o
<039>	Contact Email Addres	s - Email Address of person identified in data line <030> jay.bradbury@cox.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent)_ ilso certify that I am an officer of the reporting carrier; my r igent; and, to the best of my knowledge, the reports and da	is authorized to submit the information reported on behalf of the reporting carrier. esponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ta provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	Date:
Signature of Authorized Officer:	
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Felephone number of Authorized Officer:	
	Filing Due Date for this form: De punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	t Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
as agent for the reporting carrier, certify that I am authe data reported herein based on data provided by the	thorized to submit the annual reports for universal service support reciplents on behalf of the reporting carrier; I have provided e reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.
lame of Reporting Carrier:	
ame of Authorized Agent or Employee of Agent:	Date:
ignature of Authorized Agent or Employee of Agent:	5444
rinted name of Authorized Agent or Employee of Agent	
itle or position of Authorized Agent or Employee of Age	
elephone number of Authorized Agent or Employee of	
	Filing Due Date for this form:
tudy Area Code of Reporting Carrier:	rm can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

Cox Florida Telcom, LLC

	n 481 - Carrier Annual Reporting Hection Form	FCC Form 481 OMB Control No. 3060-0886/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	219019
	Study Area Name	Cox Florida Telcom LP
<020>	Program Year	2014
	Contact Name: Person USAC should contact with questions about this data	Jay Bradbury
<035>	Contact Telephone Number: Number of the person identified in data line <030	404-269-9190 O>
<039>	Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.com
ANNUA	L REPORTING FOR ALL CARRIERS	54.313 54.422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting	(complete attached worksheet)
<200> <210>	Outage Reporting (voice)	(complete attached worksheet)
<300> <310> <320> <330>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	(attach descriptive document) (attach descriptive document)
<400> <410> <420> <430> <440>	Fixed Mobile Number of Complaints per 1,000 customers (brownian)	
<8005 <9005 <1000 <1010 <11100 <11100	Service Quality Standards & Consumer Protection Functionality in Emergency Situations Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)?	con Rules Compliance (check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (if yes, complete attached worksheet) (check to indicate certification) (attach descriptive document) (if not, check to indicate certification) (complete attached worksheet)
<2000		ional Documentation Worksheet th Price Cap Local Exchange Carriers (check to indicate certification) (complete attached worksheet)
<2005 <3000 <3005	Rate of Return Carriers, Proceed to <u>ROR Addit</u> >>	

	<118> Provide an explanation of network improvement targets not met in the prior calendar year.	
	<117> How (USF) was used to improve service capacity	
	<116> How (USF)was used to improve service coverage	
	<115> How (USF) was used to improve service quality	
	<113> Maps detailing progress towards meeting plan targets <114> Report how much universal service (USF) support was received	
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	
Name of Attached Document (.pdf)		
	Attach Five-Year Service Quality Improvement Plan of, in subsequent your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	
	54.202(a) "5 year plan" on file with the FCC, as it relates to your provision on your provision or you	
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing §	
(yes/no) O O	If your answer to line <110> is yes, do you have all existing איז ביים איז אין	1
(yes / no) (<110> Has your company received its ETC certification from the FCC?	1
jay.bradburyecox.com		
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la Telcom ur	<015> Study Area Name Cox Florida Telcom	j
	<010> Study Area Code	
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(200) Service Outage Reporting (Voice) Data Collection Form
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(Voice)
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Contact Name - Reason USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <0305 349. Exadibuty%ccc.com Contact Email Address - Email Address of person identified in data line <0305 349. Exadibuty%ccc.com Contact Email Address - Email Address of person identified in data line <0305 349. Exadibuty%ccc.com Contact Email Address - Email Address of person identified in data line <0305 349. Exadibuty%ccc.com Contact Email Address - Email Address of person identified in data line <0305 349. Exadibuty%ccc.com Contact Email Address - Email Address of person identified in data line <0305 349. Exadibuty%ccc.com Contact Email Address - Email A	- 1	יר אינוייייייייייייייייייייייייייייייייייי				2014					
Contact Telephone Number - Number of person identified in data line <0305 3ev. bradburry@cox.com		ne - Person USAC	should contact	regarding this		Jay Bradbury					
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Nones Number of Reference Date Time Date Time Customers Affected Customers Affected Customers Affected Customers Affected Customers Affected Customers Affected Customers (Yes / No) all that apply) (Yes / No) Affect Multiple Study Areas Worksheet	- 1		, ,	<u>}</u>	^h4 >	€	<c2></c2>	\$	é	≎	
Date Outage Start Date Outage Start Date Outage Start Outage Start Date Time Outage Start Outage Start Outage Start Date Time Outage Start Ou	1	- 6t♥	<b2></b2>	-63>	<b4></b4>	<c1></c1>	\$25	é	į.	Did This Outage	
A			Outage Start Time	Outage End Date		Number of Customers Affected		911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Affect Multiple Study Areas (Yes / No)	Service Outage Resolution
See attached											
Worksheet											
See attached worksheet											
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700) Price Offerings including Voice Rate Data Data Collection Form
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CONTROL NUMBER - Number of person identified in data line <030> 404-269-9190 <035> Contact Telephone Number - Number of person identified in data line <030> jay.bradbury@cox.com <039> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com	<0.20> Program Year Jay Bradbury Contact Name - Person USAC should contact regarding this data	<015> Study Area Name 2014	<010> Study Area Code Cox Florida Telcom LP	219019	
x.com			elcom LP		

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2013

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219019 Cox Florida Telcom LP

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100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	<020> Program Year	<015> Study Area Name	<010> Study Area Code	(800) Operating Companies Data Collection Form
VO30\ 404-269-9190	Jay Bradbury	2014	Cox Florida Telcom LP	219019	
					ECC Form 481 DMB Control No. 3050-0885/ONUB Control No. 3050-0819 July 2013

<810> Reporting Carrier
<811> Holding Company

Cox Florida Telcom LP
Cox Communications Inc
Cox Florida Telcom LP

<812> Operating Company

Contact Telephone Number - Number of person identified in data line <030> 404-269-9190

Contact Telephone Number - Number of person identified in data line <030> jay.bradbury@cox.com

										See a			413 >
										- See attached worksheet		SAC	<a2></a2>
										sheet		I 5	(43)

<039> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com	Contact Name - reison oses should contact to learning in data line <	CULS> Study Alled Indilie 2014	Cox Florida Telcom LP	<010> Study Area Code 219019	(900) Tribal Lands Reporting Data Collection Form
					ECC Form 481 OMB Control No. 3060-0985/DMB Control No. 3060-0819 July 2013

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

government pursuant to § 54.313(a)(9) includes: PDF, on line 920, demonstrates coordination with the Tribal each these boxes to confirm the status described on the attached If your company serves Tribal lands, please select (Yes,No, NA) for

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;

> (Yes,No, Select

¥,

- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- Compliance with Environmental Review processes
- Compliance with Cultural Preservation review processes
- Compliance with Tribal Business and Licensing requirements.



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<039>	<035>	<030>	<020>	<015>	<010>	(1200) To Lifeline Data Coll
<039> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com	<035> Contact Telephone Number - Number of person identified in data line <030> 404-269-9190	<030> Contact Name - Person USAC should contact regarding this data	<020> Program Year	<015> Study Area Name	<010> Study Area Code	(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form
jay.bradbury@cox.com	404-269-9190	Jay Bradbury	2014	Cox Florida Telcom LP	219019	FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3050-0819 July 2013

	<1223> Additional charges for toll calls, and rates for each such plan.	<1223>
	Details on the number of minutes provided as part of the plan,	<1222>
	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<1221>
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
HTTP http://ww2.cox.com/residential/gulfcoast/phone.cox	Link to Public Website	<1220>
Name of attached document (.pdf)	<1210> Terms & Conditions of Voice Telephony Lifeline Plans	<1210>

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<039>	<035>	<030>	<020>	<015>	<010>	(2000) Ps Data Coll Including
<039> Contact Email Address - Email Address of person identified in data line <030> jay.bradbury@cox.com	<035> Contact Telephone Number - Number of person identified in data line <030> 404-269-9190	<030> Contact Name - Person USAC should contact regarding this data	<020> Program Year	<015> Study Area Name	<010> Study Area Code	(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers offliated with Price Cap Local Exchange Carriers
)> jay.bradbury@cox.com	> 404-269-9190	Jay Bradbury	2014	Cox Florida Telcom LP	219019	FCC Form 481 DMB Control No. 3060-0986/DMB Control No. 3060-0819 July 2013

CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II connect America Phase II support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support, High Cost sup

<2021>				<2020>	<2019>	<2018>	<2017>		<2016>		<2015>	<2014>	<2013>	<2012>		<2011>	<2010>
service in the preceding calendar year. Interim Progress Community Anchor Institutions	community anchor institutions to which began providing access to broadband	of CAF Phase II support shall provide the number, names, and addresses of	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient	Please check the box to confirm that the attached PDF, on line 2021,	Interim Progress Certification	5th year Broadband Service Certification	3rd year Broadband Service Certification	Connect America Phase II Reporting (47 CFR § 54.313(e))	Certification Support Used to Build Broadband	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	2016 and future Frozen Support Certification	2015 Frozen Support Certification	2014 Frozen Support Certification	2013 Frozen Support Certification	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}	3rd Year Certification {47 CFR § 54.313(b)(2)}	Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1))
Name of Attached Document Listing Required Information																	
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